



Restorative Justice
Louisville

Case Number: 00250243-003

**Community Conferencing
Consent to Participate**

I agree to participate in the Restorative Justice Louisville Community Conferencing Program. I understand that my participation is voluntary and private. Information about the person(s) who was harmed, the person(s) who caused the harm and details of what happened in the meeting shall not be released to outside parties without consent of the person(s) who was harmed and the person(s) who caused the harm.

I understand that reports will have to be made to the appropriate authorities consistent with mandatory reporting laws if the following type of information is revealed during the conference:

- Someone is being harmed, or
- Someone is in danger of being harmed.

I understand that if an agreement is reached by the parties, the facilitators shall record the Conference Agreement for all parties to sign. Once the agreement is signed, the person(s) who was harmed and the person(s) who caused the harm shall determine who shall receive copies of the Conference Agreement.

I understand that a copy of the Conference Agreement shall be sent to the Court and a copy shall be maintained on file with Restorative Justice Louisville.

Signatures

Person who was Harmed Date

Person who was Harmed Date

Kennedy Maddox 9/27/14

Person Who Caused Harm Date

Person Who Caused Harm Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Nini Wale 9/24/14

Parent of Victim (if present) Date
(If victim is under 18 years of age)

Parent of Victim (if present) Date
(If victim is under 18 years of age)

Parent of Offender (if present) Date
(If offender is under 18 years of age)

Parent of Offender (if present) Date
(If offender is under 18 years of age)

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date